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| CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Application Number | 09/559,415-Conf. #1497 |
| | Filing Date | April 26, 2000 |
| | First Named Inventor | Mirosław Z. BOBER |
| | Art Unit | 2162 |
| | Examiner Name | B. N. To |
| | Attorney Docket No. | 1906-0128P |

Please change the Correspondence Address for the above-identified application to:

☒ The address associated with Customer Number:

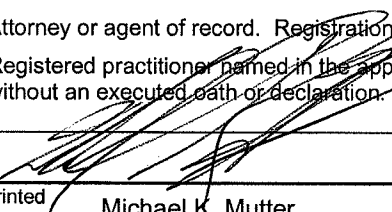
OR

| | | | | | |
|--|--|-------|-------|-----|--|
| <input type="checkbox"/> Firm or Individual Name | | | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Country | | | | | |
| Telephone | | | Email | | |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 29,680.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.

| | |
|--|---------------------------------|
| Signature  | |
| Typed or Printed Name <u>Michael K. Mutter</u> | |
| Date <u>November 5, 2009</u> | Telephone <u>(703) 205-8000</u> |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | |
| <input type="checkbox"/> *Total of <u>1</u> forms are submitted. | |